

CHILDREN'S MENTAL HEALTH BUREAU
Health Resources Division - DPHHS

**Medicaid Mental Health Plan and
Mental Health Services Plan (MHSP) for Youth**

**Services Excluded from Simultaneous Reimbursement
January 1, 2009**

The following matrix identifies services that will not be reimbursed when provided on the same day. All services must be medically necessary (37.82.102 (18) Administrative Rules of Montana).

	PHP	Day Tx	CSCT	OP	CBPRS	Respite	TGH	Mod TFC	Perm TFC
PHP		X	X	X	X*				
Day Tx	X		X		X*				
CSCT	X	X		X*	X*				
OP	X		X*				X*		
CBPRS	X*	X*	X*						X
Respite							X		
TGH					X*	X		X	X
Mod TFC							X		
Perm TFC					X		X		

PHP - Partial Hospital: Acute: H0035-U8, H0035-U7 and Sub-Acute: H0035-U6, H0035

Day Tx – Day Treatment: H2012-HA (includes ½ Day Tx)

CSCT – Comprehensive School and Community Treatment: H0036

OP – Outpatient Therapy: 90804, 90806, 90810, 90812, 90846, 90847, 90849, 90853, 90857

CBPRS – Community Based Psychiatric Rehabilitation and Support: H2019

Respite – S5150-HA

TGH – Therapeutic Group Home, Moderate, Intensive, Campus – S5145, S5145-TG S5145-TF

Mod TFC – Therapeutic Family Care, Moderate Level: S5145-HR

Perm TFC – Therapeutic Family Care, Permanency Level: S5145-HE-TG

*May be reimbursed on the same day when prior authorized by the Department or their designee.